

FILED OCT 11 1944  
275

Registration District No. \_\_\_\_\_

Primary Registration District No. 4480

18000

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Greentop  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Van Osdel Hospital & Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hours  
(Specify whether  in hospital or institution)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Charles Oscar Everly

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret Webster Everly alive \_\_\_\_\_ years

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Sept. 23, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 6 21 hr. min.

9. Birthplace Schuyler, Mo.  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Charles Oscar Everly

13. Birthplace Virginia  
(City, town or county) (State or foreign country)

14. Maiden name Rachel Bennett

15. Birthplace Virginia  
(City, town or county) (State or foreign country)

16. (a) Informant Dr. Van Osdel

(b) Address Greentop, Mo.

17. (a) Burial (b) Date thereof 9-16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fog F cemetery

18. (a) Signature of funeral director J. J. Benton

(b) Address Lancaster, Mo.

19. (a) Sept. 16, 1944 (b) J. O. Justice  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler 98

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Lancaster, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.  0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1944 hour 4 minute - P. M.

21. I hereby certify that I attended the deceased from September 12 - 1944 to Sept. 13, 1944  
that I last saw him alive on Sept 13, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature Van Osdel, Mo. (M. D. or other) \_\_\_\_\_  
Address Greentop, Mo. Date signed 9-16-44

RECEIVED

District Health Officer No. 10

District File Number 10-44-173

Date Filed OCT 10 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*P. O. Jentow*

Registered Apprentice No. 3705

working under my personal supervision.

Signed

*P. O. Jentow*

Licensed Embalmer No. 3705

P. O. Address Lancaster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.